

Tennessee Department of Education
200 Day Accountability Report



School Year

Send completed form by **July 15**, to: _____ Regional Office

System Name: _____
System # _____
Telephone: _____

_____ Student Days (Minimum 180)
_____ Teacher Vacation with pay (Minimum 10)
_____ In-Service Days
_____ In-Service Optional Days (Minimum 5 with In-Service Days)
_____ T/P Conference (Minimum 1)
_____ Other Days (Maximum 4)
_____ **Total** (Minimum 200 days)

_____ System Stockpile? (Yes or No)
_____ System Extended Day Makeup
_____ Stockpile-Prof-Dev (Maximum 13 days when added with Stockpile-Snow-Days)
_____ Stockpile-Snow-Days (Maximum 13 days when added with Stockpile-Prof-Dev)

If your school system is not stockpiling days, do you have individual schools with at least a seven hour student day stockpiling days for the purpose of professional development for the current school year?

Yes _____ No _____

If yes, list schools:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Open Date: _____ (first day students are present)
Christmas Break Days: _____ (number of days)
Christmas Break Date: _____ (first day students are not present)
Spring Break Days: _____ (number of days)
Spring Break Date: _____ (first day students are not present)
Student Closing Date: _____ (last day students are present)

Tennessee Department of Education
200 Day Accountability Report
Page 2

In-Service (list by 1/3, 1/2, or 1 day only -- Do not break day into smaller segments)

Date: _____	Time _____	Date: _____	Time _____	Date: _____	Time _____
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

Abbreviated dates (no more than 3)

Date: _____	Time _____

Teacher Parent Conference date(s)

Date: _____	Time _____

Other Dates (list by 1/3, 1/2, or 1 day only -- Do not break day into smaller segments)

Date: _____	Time _____	Activity _____	Date: _____	Time _____	Activity _____	Activity Codes A - Administrative I - In-service V - Vacation O - Other
_____			_____			
_____			_____			
_____			_____			
_____			_____			
_____			_____			

The signatures below verify that the Accountability for 200 Days is in compliance with TCA 49-6-3004 and Conform to the Guidelines for Planning Approvable In-Service Education Activities.

_____ Superintendent	Date	_____ Chairman of Board	Date
_____ District Director	Date	_____ Commissioner	Date